

INTRODUCTION

The *Status Report on Missouri's Alcohol and Drug Abuse Problems* is issued annually by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse. The primary purposes of this report are 1) to provide policy makers, planners, funding sources, service providers, and researchers with a broad set of quantifiable measures and indicators of substance use, abuse, and addiction in Missouri; and 2) to provide comprehensive data describing the clients receiving services in treatment programs administered by the Missouri Division of Alcohol and Drug Abuse.

Problem indicators and treatment data in this report are provided at several levels of geographic detail to meet the diverse needs of the readers. The largest variety of data is provided at a state-wide level of analysis. Tables and charts show trends by presenting Missouri data for the most current year available and several prior years. Missouri and U.S. prevalence data is presented to show how current use of alcohol, tobacco, and illicit drugs in Missouri compares to nationwide usage rates for specific age groups. Indicator and treatment data is provided in three-year tables for each of the five Division of Alcohol and Drug Abuse planning regions and 20 sub-region Service Areas. These regions and service areas are illustrated on the Division's map in the Appendix of this report. Identical three-year data tables are also provided for Missouri's 115 counties, arranged according to federal FIPS county code. Each data element represents a calendar year unless specified as "FY" for state fiscal year (July 1 through June 30) or "FFY" for federal fiscal year (October 1 through September 30).

New federal and state laws and enforcement regulations have been enacted during the past several years to restrict youth access to tobacco. One section of the report summarizes the current status of tobacco regulation, merchant education, and youth tobacco use in Missouri.

PROBLEM OVERVIEW AND MEASUREMENT

Household interviews, telephone surveys, and school surveys are typically used to estimate the prevalence of alcohol and other drug use. These instruments may also include questions and items which identify substance dependence and abuse, particularly when it is important to estimate the number of individuals needing substance abuse services. Standard surveys do not easily reach some groups, such as non-household adults and non-student adolescents. Additional studies or data might be used to augment the estimates to account for these populations. Authorities use a variety of data as measures and indicators of alcohol and other drug abuse. Some are direct measurements of substance abuse events such as consumption of alcohol and drugs during pregnancy, impaired driving crashes, and emergency room visits for drug overdoses. Other events and conditions—such as unemployment, domestic violence, and exposure to certain communicable diseases—have a statistical correlation but not always a causal relationship to substance abuse. Because alcohol and drug abuse have a profound impact on a wide range of quality of life factors, a broad array of data is used to quantify the impacts.

Prenatal alcohol, tobacco, and drug exposure can cause low birth weight, newborn addiction, serious birth defects, mental retardation, and lifelong impairments. Although this report includes

hospital data on prenatal exposure, the use of alcohol and harmful drugs by pregnant women is known to be substantially under-reported. Several diseases, including hepatitis-B, hepatitis-C, tuberculosis, and HIV/AIDS, are sometimes spread as a result of substance abuse. Alcohol and drug related deaths and hospitalizations are quantified based on the International Classification of Diseases (ICD) coding developed by the World Health Organization. Mortality data began being coded using ICD-10 in 1999, requiring a retrospective adjustment of death estimates for earlier years. Hospital and emergency department data continue to be based on the ICD-9 codes.

Substance abuse significantly impacts the law enforcement and criminal justice systems. Victims of violence are more likely to be seriously injured if their perpetrators have consumed alcohol and/or other drugs [73]; see “References” in the appendix. Illicit drug manufacturing and distribution create dangerous environments. Many property crimes are drug related. Traffic crashes are categorized according to whether they resulted in fatalities, injuries, or property damage and whether there was the presence of any of the standard conditions that are known to contribute to their occurrence including, in Missouri, alcohol or drug involvement. Beginning in 2001, changes in the methodology used by Missouri law enforcement agencies for submitting crime and arrest data to the federal Uniform Crime Report (UCR) program have eliminated duplicate counts of crimes such as drug offenses that are investigated by more than one law enforcement agency. Drug offenders and persistent DUI/DWI offenders continue to comprise a substantial portion of incarcerations and probation or parole openings.

Alcohol and drug abuse contributes to interpersonal conflict, family disintegration, domestic abuse, and emotional suffering. One-half of domestic violence perpetrators are believed to be addicted to alcohol or drugs, and an estimated 80 percent of child abuse cases involve parental substance abuse [63]. The inclusion of a variety of juvenile court data in this report underscores the strong connection between familial substance abuse and other family dysfunctions. Perhaps most dramatic is the number of children who must be removed from their homes because their parents or guardians expose them to drugs or have substance abuse problems.

Substance abuse is correlated with low income. Public school dropout rates and unemployment rates are included as indices. Vocational rehabilitation admissions in this report identify the number of substance abuse treatment clients who also received vocational education and training.

Criteria for identifying substance dependence and abuse are specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition*. A recent national study estimated that 7.3 percent of the U.S. population age 12 and older were dependent on or abused alcohol or illicit drugs in 2001. The study also found that 7.3 percent of the population age 18 and older had serious mental illness, and one-fifth of the mentally ill had a co-occurring substance abuse problem [69].

According to a three-year federally funded treatment needs assessment completed by Research Triangle Institute in 2003, an estimated 491,223 Missouri residents (461,845 adults and 29,378 adolescents) need treatment due to their substance abuse or dependency. This represents 10.5 percent of the Missouri population age 12 and older, somewhat higher than the national rate of 7.3 percent cited above. The study also found that additional large numbers of Missourians have alcohol and drug use patterns suggesting the need for some form of less intensive intervention [51, 52]. The importance of substance abuse treatment is discussed in the next section.